

EVALUATION AND RECORD RELEASE FORM

I give permission for my child's current school, _____
to complete this form for my child and release all standard test results, transcripts, report cards from previous 2
years, discipline or school support records, health records, and IEPs if applicable, to Saint Timothy Catholic School.

Student's First and Last Name Date of Birth Current Grade Signature of Parent/Guardian Today's Date

Name of school representative completing form Title and/or relationship to student

<input type="radio"/> I very strongly recommend this student	<input type="radio"/> I recommend this student with reservation	<input type="radio"/> I do not recommend this student
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PLEASE CHECK THE MOST APPROPRIATE BOX TO REPRESENT THE STUDENT'S ABILITY TO:	EXCELLENT	GOOD	AVERAGE	IMPROVING	NOT OBSERVED
Meet classroom expectations					
Show respect for teachers and peers					
Display a positive attitude					
Participate in class					
Follow directions					
Work independently					
Cooperate with peers					
Focus on tasks					
Complete assignments on time					
Manage emotions appropriately					
Demonstrate responsibility					
Succeed academically					

EDUCATOR RECOMMENDATIONS ARE HIGHLY VALUED. PLEASE PROVIDE INFORMATION ABOUT:
Student strengths and opportunity areas:
Parent partnership:
Additional comments:

Signature

Today's Date

PLEASE RETURN FORM TO:
Saint Timothy Catholic School Registrar 13809 Poplar Tree Road Chantilly, VA 20151 Phone: (703) 378-9408 ext. 202 Fax: (703) 378-1273

